



COUNTY OF YORK
DIVISION OF ZONING AND CODE ENFORCEMENT
APPLICATION FOR CERTIFICATION OF USE AND OCCUPANCY

Commissioner of the Revenue * Zoning & Code Enforcement * Building Regulations * Fire & Rescue
(757) 890-3383 (757) 890-3524 (757) 890-3522 (757) 890-3600

☐ Existing Commercial Bldg. ** ☐ New Commercial Building

****DO NOT USE THIS APPLICATION FOR HOME BASED BUSINESSES****

Applicant/Owner: _____

Trade Name: _____

Mailing Address: _____

Suite No.

Street No./Name

P. O. Box

City

State

Zip Code

Business Address: _____

Street Number

Unit

Street Name

Location Name: _____

SUBDIVISION

*

OFFICE BLDG.

*

SHOPPING CENTER

*

INDUSTRIAL PARK

GPIN/Map No. _____

Local Business Phone: () _____ -- _____ * Corp./Main Office Phone: () _____ -- _____

Local Contact Person: _____ Title: _____ Ext: _____

Corp. Contact Person: _____ Title: _____ Ext: _____

Detailed Description of ALL Proposed Business Activities:

**Is Facility to be Altered? Yes [] No [] If Yes, Describe in detail Proposed Changes

DECLARATION: I declare that the statements hereon are true, full and correct to the best of my knowledge and belief.

Applicant's Signature: _____ Date: _____

The completion of this application and payment of tax for county business license shall not be deemed to be approval to prosecute any business without first obtaining Zoning and Use Permits, Required Building Inspections and Fire/Rescue Inspections for the location in which you intend to locate.

For Office Use Only

COMMISSIONER OF THE REVENUE

COMMENTS:

SIGNATURE

TITLE

DATE

DIVISION OF ZONING & CODE ENFORCEMENT

☐ APPROVED ☐ DISAPPROVED

COMMENTS:

SIGNATURE

TITLE

DATE

DIVISION OF BUILDING REGULATION

☐ APPROVED ☐ DISAPPROVED

BUILDING USE GROUP:

SIGNATURE

TITLE

DATE

DIVISION OF PUBLIC SAFETY * FIRE AND RESCUE

☐ APPROVED ☐ DISAPPROVE

COMMENTS:

SIGNATURE

TITLE

DATE